


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90076 028 ****61.25

DOCUMENT # 701490	
1. Entity Name	
CHRIST CHURCH INC	

Principal Place of Business	Mailing Address
151 WEST CHURCH AVE. LONGWOOD FL 32750	151 WEST CHURCH AVE. LONGWOOD FL 32750

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-1554000	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	
LADSON, WILLIAM 321 E. RIDGEWOOD ST. ALTAMONTE SPRINGS FL 32701	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>William F. Ladson</i>	DATE <i>2/13/07</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	KRONKHTE, GENE
STREET ADDRESS	530 AUGUSTINE CT
CITY-ST-ZIP	OVIDO FL 32765
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LUCAS, KATHY
STREET ADDRESS	425 VALENCIA CT.
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	Da <input type="checkbox"/> Delete
NAME	FABRICAND, JOYCE
STREET ADDRESS	244 Heron Bay Circle
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ERIC, ROBERTS
STREET ADDRESS	649 WILD FLOWER CT.
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	O <input type="checkbox"/> Delete
NAME	LADSON, WILLIAM
STREET ADDRESS	321 E. RIDGEWOOD ST.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	D <input type="checkbox"/> Delete
NAME	GINGER, NORSWORTHY
STREET ADDRESS	518 HERMITS TR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Mathews
STREET ADDRESS	116 Norris Place
CITY-ST-ZIP	Casselberry, FL 32707
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>William F. Ladson</i>	DATE: <i>14 Feb. 2007</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	